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Substitute for form 1449/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(Use as many sheets as necessary)</i>		<b>Complete if Known</b>			
		Application Number	10/681,821		
		Filing Date	October 07, 2003		
		First Named Inventor	Anant Hegde		
		Art Unit	3762		
		Examiner Name	STOKLOSA, JOSEPH A		
Sheet	2	of	2	Attorney Docket Number	10233-701.201

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
	58	Hegde et al. U.S. Pat. App. # 11/748,410 entitled "Vascular Assist Device and Methods," filed 5/14/2007.	
	59	Hegde et al. U.S. Pat. App. # 11/748,418 entitled "Vascular Assist Device and Methods," filed 5/14/2007.	

Examiner Signature	/Joseph Stoklosa/	Date Considered	04/25/2008
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

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ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /JS/